

PCT



PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                                                                             |                        |                    |
|---------------------------------------------------------------------------------------------|------------------------|--------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/566,526         |
|                                                                                             | Filing Date            | January 30, 2006   |
|                                                                                             | First Named Inventor   | Alistair I. Watson |
|                                                                                             | Art Unit               | N/A                |
|                                                                                             | Examiner Name          | Not Yet Assigned   |
| Total Number of Pages in This Submission                                                    | Attorney Docket Number | 106940-0002        |

## ENCLOSURES (Check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input checked="" type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br><br>Part 2 Copy of Notice<br>Declaration<br>Copy of Assignment<br>Recordation Form Cover Sheet<br>Return Receipt Postcard |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                             |          |        |
|--------------|-----------------------------|----------|--------|
| Firm Name    | NUTTER MCCLENNEN & FISH LLP |          |        |
| Signature    |                             |          |        |
| Printed name | Reza Mollaaghababa          |          |        |
| Date         | September 19, 2006          | Reg. No. | 43,810 |

### Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 19, 2006

Signature:

(Reza Mollaaghababa)



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                                            |                              |                          |                     |             |
|------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|---------------------|-------------|
| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                              | <b>Complete if Known</b> |                     |             |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>                                                               |                              | Application Number       | 10/566,526          |             |
|                                                                                                            |                              | Filing Date              | January 30, 2006    |             |
|                                                                                                            |                              | First Named Inventor     | Alistair I. Watson  |             |
|                                                                                                            |                              | Examiner Name            | Not Yet Assigned    |             |
|                                                                                                            |                              | Art Unit                 | N/A                 |             |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                  | TOTAL AMOUNT OF PAYMENT (\$) | 105.00                   | Attorney Docket No. | 106940-0002 |

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                       |                                                                                   |
| <input checked="" type="checkbox"/> Check                                                                             | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                               |                                                                                   |
| <input type="checkbox"/> Deposit Account                                                                              | Deposit Account Number: <u>141449</u>                                             |
| Deposit Account Name: <u>Nutter McClennen &amp; Fish LLP</u>                                                          |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                                  |                      |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------------------------------------------|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                    |                     |                                                         |                      |                                  |                      |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|                                                                                                                                                                                                                                                                                                                   |                    | <b>Small Entity</b> |                                                         | <b>Small Entity</b>  |                                  | <b>Small Entity</b>  |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                  | 200                              | 100                  |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                | 100                 | 100                                                     | 50                   | 130                              | 65                   |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                | 100                 | 300                                                     | 150                  | 160                              | 80                   |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                  | 600                              | 300                  |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                | 100                 | 0                                                       | 0                    | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                    |                     |                                                         |                      |                                  |                      |                       |
|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                                  | <b>Small Entity</b>  |                       |
|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                                  | <b>Fee (\$)</b>      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                    |                     |                                                         |                      |                                  | 50                   | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                    |                     |                                                         |                      |                                  | 200                  | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                    |                     |                                                         |                      |                                  | 360                  | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                       |
| - 20 =                                                                                                                                                                                                                                                                                                            |                    | x                   | =                                                       |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                    |                     |                                                         |                      |                                  |                      |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b> |                                  |                      |                       |
| - 3 =                                                                                                                                                                                                                                                                                                             |                    | x                   | =                                                       |                      |                                  |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                    |                     |                                                         |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |                                                         |                      |                                  |                      |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                      |                       |
| - 100 =                                                                                                                                                                                                                                                                                                           |                    | /50                 | (round up to a whole number) x                          | =                    |                                  |                      |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                      |                                  |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                    |                     |                                                         |                      |                                  |                      |                       |
| Other (e.g., late filing surcharge): 2051 Surcharge-Late oath or declaration                                                                                                                                                                                                                                      |                    |                     |                                                         |                      |                                  | 65.00                |                       |
| 8021 Recording each patent assignment, agreement or ...                                                                                                                                                                                                                                                           |                    |                     |                                                         |                      |                                  | 40.00                |                       |

|                     |                    |                                   |                    |
|---------------------|--------------------|-----------------------------------|--------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                    |
| Signature           |                    | Registration No. (Attorney/Agent) | 43,810             |
| Name (Print/Type)   | Reza Mollaaghababa | Telephone                         | (617) 439-2000     |
|                     |                    | Date                              | September 19, 2006 |

|                                                                                                                                                                                                                                                                                                                                          |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Fee Transmittal</b>                                                                                                                                                                                                                                                                                                                   |                                  |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                  |
| Dated: September 19, 2006                                                                                                                                                                                                                                                                                                                | Signature:  (Reza Mollaaghababa) |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 19, 2006

Signature: \_\_\_\_\_

(Reza Mollaaghababa)



Docket No.: 106940-0002  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Alistair I. Watson et al.

Application No.: 10/566,526

Filed: January 30, 2006

For: BLENDING A DIGITAL IMAGE CUT FROM A  
SOURCE IMAGE INTO A TARGET IMAGE

Confirmation No.:

Art Unit: N/A

Examiner: Not Yet Assigned

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

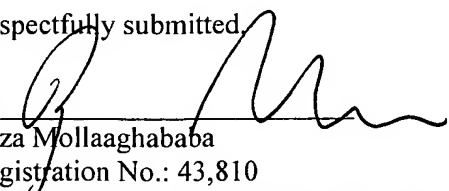
Dear Sir:

In response to the Notification of Missing Requirements –mailed June 20, 2006, Part 2 – copy enclosed, Applicant respectfully submits a Combined Declaration and Power of Attorney, an Assignment (and Recordation Form Coversheet), and Part 2 Copy of Notice.

Our check in the amount of \$105.00 covering the fees set forth in 37 CFR 1.16(f) and 1.21(h) is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 141449, under Order No. 106940-0002.

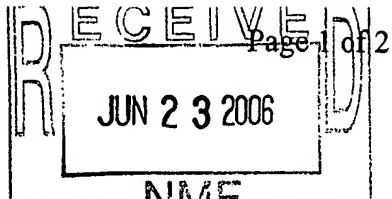
Dated: September 19, 2006

Respectfully submitted

By   
Reza Mollaaghababa  
Registration No.: 43,810  
NUTTER MCCLENNEN & FISH LLP  
World Trade Center West  
155 Seaport Boulevard  
Boston, Massachusetts 02210-2604  
(617) 439-2514  
(617) 310-9514 (Fax)  
Attorney for Applicant



UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

|                                           |                                                         |                                         |
|-------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| U.S. APPLICATION NUMBER NO.<br>10/566,526 | FIRST NAMED APPLICANT<br>TJE/REM Alistair Imeson Watson | ATTY. DOCKET NO.<br>106940-2 0999700065 |
|-------------------------------------------|---------------------------------------------------------|-----------------------------------------|

021125  
NUTTER MCCLENNEN & FISH LLP  
WORLD TRADE CENTER WEST  
155 SEAPORT BOULEVARD  
BOSTON, MA 02210-2604

|                                                 |
|-------------------------------------------------|
| INTERNATIONAL APPLICATION NO.<br>PCT/GB04/03336 |
|-------------------------------------------------|

|                                |                             |
|--------------------------------|-----------------------------|
| I.A. FILING DATE<br>07/30/2004 | PRIORITY DATE<br>08/01/2003 |
|--------------------------------|-----------------------------|

**DOCKETED**

8/20/06 Response to Missing  
Reg. E.S.P. 1/20/07

CONFIRMATION NO. 7121  
371 FORMALITIES LETTER  
\*OC000000019333547\*

Date Mailed: 06/20/2006

**NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 01/30/2006
- Copy of the International Search Report filed on 01/30/2006
- Preliminary Amendments filed on 03/03/2006
- U.S. Basic National Fees filed on 01/30/2006
- Priority Documents filed on 01/30/2006

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fees required for this application is \$65 for a Small Entity:

- \$65 Surcharge.

SCANNED  
ON 6/23/06  
BY DGT  
TO MPC

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

SHAKEEL AHMED

Telephone: (703) 308-9140 EXT 208

PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/566,526                  | PCT/GB04/03336                | 0999700065       |

FORM PCT/DO/EO/905 (371 Formalities Notice)